



## INDEPENDENT STUDY GUIDE CAREGIVER REPORT

**Purpose:** The contractor uses this form to verify completion of the PAL Life Skills Independent Study Guide.

**Directions:** The contractor must receive prior approval from DFPS Preparation for Adult Living (PAL) staff to use the study guide. The contractor completes the *Contact Information* section below, selects all sections of classes which need to be completed in the *Study Guide Information* section, and sends this form to the youth and foster parent or caregiver.

The contractor requests that the youth and foster parent or caregiver record information on this form about the youth's completion of core areas and include comments and signatures on this form. The foster parent or caregiver mails the completed form back to the contractor. The contractor mails the completed form to DFPS PAL staff by the 15th calendar day of the month following the month of completion.

### CONTACT INFORMATION

|                        |                                 |
|------------------------|---------------------------------|
| PAL Caseworker's Name: | PAL Caseworker's Email Address: |
| Caregiver's Name:      | Caregiver's Mailing Address:    |
| Child's Name:          |                                 |
| Contractor's Name:     | Contractor's Mailing Address:   |



### STUDY GUIDE INFORMATION

| SELECT ALL<br>THAT APPLY | CORE AREA                       | HOURS<br>NEEDED | HOURS<br>COMPLETED | DATE<br>COMPLETED |
|--------------------------|---------------------------------|-----------------|--------------------|-------------------|
| <input type="checkbox"/> | Financial Management            |                 |                    |                   |
| <input type="checkbox"/> | Health and Safety               |                 |                    |                   |
| <input type="checkbox"/> | Housing and Transportation      |                 |                    |                   |
| <input type="checkbox"/> | Life Decisions/Responsibilities |                 |                    |                   |
| <input type="checkbox"/> | Job Readiness                   |                 |                    |                   |
| <input type="checkbox"/> | Personal/Social Relationships   |                 |                    |                   |

Comments:

### SIGNATURES

Student:

**X**

Date Signed:

Foster Parent or Caregiver:

**X**

Date Signed: